



# City of Lincoln Vehicle Accident Report

Return this report to  
Risk Management within one business  
day of the first notice of loss.

## VEHICLE #1 City Information

|  |   |   |           |
|--|---|---|-----------|
| Day/Date/Time of Accident  |   | License Plate #                           |           |
| Where can vehicle be seen?   |   | Fleet #                                   |           |
| Damage to Vehicle  |   | VIN #                                     |           |
| Year/Make/Model of Vehicle   |   | Posted speed limit                        |           |
| Investigating Agency: <input type="checkbox"/> Lincoln Police <input type="checkbox"/> Other Agency: |   | Weather                                   |           |
| Date Reported  | Case #                                      | Road Surface                              |           |
| Investigating Officer/Badge #  |   | Traffic: Heavy Moderate Light             |           |
| Location of Accident   | Describe Accident                           |   |           |
| Traffic Control Device at Location?<br>Yes No What type?   |   |   |           |
| Employee Name  |   | Driver's License #                        |           |
| Department   | Division                                    | State                                     | Exp. Date |
| Employment Classification  | Were you ticketed? Yes No If yes, what for? |   |           |
| Home Address   | Phone Number ( )                            |   |           |
| Does driver have a CDL license? Yes No   |   | Did driver take drug/alcohol test? Yes No |           |

## VEHICLE #2 Other Vehicle or Property Involved *(Use additional report/s if more than two vehicles involved)*

|  |                                 |   |       |
|--|---------------------------------|---|-------|
| Year/Make/Model of Vehicle or Other Property | Owner's Name                    | License Plate #                                   | State |
|  | Owner's Address                 | Work Phone #<br>Home Phone #                      |       |
|  |                                 | Insurance Co.<br>Policy #                         |       |
| Damage                                       | Driver's Name/Address/License # | Work Phone #<br>Home Phone #                      |       |
|  |                                 | Ticketed or Arrested? Yes No<br>If yes, what for? |       |

## WITNESSES OR PASSENGERS

| Name/Address | Phone No. | Pedestrian/<br>Passenger | Age | Veh. # | Other (specify) |
|--------------|-----------|--------------------------|-----|--------|-----------------|
|              |           |                          |     |        |                 |
|              |           |                          |     |        |                 |
|              |           |                          |     |        |                 |

## INJURED

| Name/Address | Phone No. | Pedestrian/<br>Passenger | Age | Veh. # | Other (specify) |
|--------------|-----------|--------------------------|-----|--------|-----------------|
|              |           |                          |     |        |                 |
|              |           |                          |     |        |                 |
|              |           |                          |     |        |                 |

## SIGNATURES

|                           |          |      |
|---------------------------|----------|------|
| Department                | Division |      |
| Employee Reporting Damage |          | Date |
| Supervisor                | Phone    | Date |

Risk Management, 233 S. 10th St., Rm 210, Lincoln, NE 68508  
Phone: 402-441-7671, FAX: 402-441-6800